## **Division of Corporations Electronic Filing Cover Sheet**

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To: Division of Corporations Fax Number : (850) 617-6381 From: Account Name : HUBCO Account Number : 104662003400 Phone : (516) 935-3940 Fax Number : (516)935-3088 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO.

## Eagle's Eye Investments LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Eagle's Eve	e Investments LLC
	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
605 Northlake Blvd, Apt 10 Altamonte Springs, FL 32701	605 Northlake Blvd, Apt 10 Altamonte Springs, FL 32701
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida i	Altamonte Springs, FL 32701  Ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or registration.)  Pregistered agent are:
The name and the Florida street address of the	registered agent are:
Brittany Renee P	Pettibone 💆 🖒
	Name 5
605 Northlake Blv	vd, Apt 10
Florida street address	vd, Apt 10 (P.O. Box NOT acceptable)
Altamonte Spring	•
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in hapter 605, F.S..

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H20000164654

Title:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager AMBR	Derrick Jazmin Shamar Johnson Jr			
	605 Northlake Blvd. Apt 10 Attamonte Springs. FL 32701		- -	
AMBR	Brittany Renee Pettibone			
	605 Northlake Blvd, Apt 10		<u>-</u>	
	Altamonte Springs, FL 32701	<u> </u>	2(	
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CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation up any aware that any false in	ecific and cannot be more than five business days prior mber of an authorized representative of a member. 605,723 (1) (b), Florida Statutes, the execution of this independent of the penalties of perjury that the facts stated herein information submitted in a document to the Department of elony as provided for in s.817.155, F.S.)	documen		. A
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation up any aware that any false in	ember of an authorized representative of a member. 605,7243 (1) (b). Florida Statutes, the execution of this independent of the penalties of perjury that the facts stated herein information submitted in a document to the Department of	documen		. Sa